

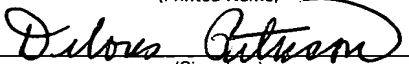


16519 U.S. PTO

Atty. Dkt. No. 039153-0683 (H1721)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Pelella et al.
Title: STRAINED
SEMICONDUCTOR
SUBSTRATE AND
PROCESSES THEREFOR
Appl. No.:
Filing Date:
Examiner:
Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
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(Printed Name)	
	
(Signature)	

315325 U.S. PTO
10/729479



UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Mario M. Pelella
1876 Miramonte Avenue
Mountain View, California 94040

Simon S. Chan
12603 Miller Avenue
Saratoga, California 95070

Enclosed are:

- [X] Specification, Claim(s), and Abstract (14 pages).
- [X] Formal drawings (7 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8).

- ☒ Declaration and Power of Attorney (5 pages).
- ☒ Assignment of the invention to Advanced Micro Devices, Inc. (3 pages).
- ☒ Assignment Recordation Cover Sheet (1 page).
- ☒ Check in the amount of \$40.00 for Assignment recordation.
- ☒ Application Data Sheet (37 CFR 1.76) (3 pages).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	20	-	20	= 0	x		\$18.00	=	\$0.00
Claims:									
Independents	3	-	3	= 0	x		\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present:					+		\$290.00	=	\$0.00
							SUBTOTAL:	=	\$770.00
[]							Small Entity Fees Apply (subtract ½ of above):	=	\$0.00
							TOTAL FILING FEE:	=	\$770.00

- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

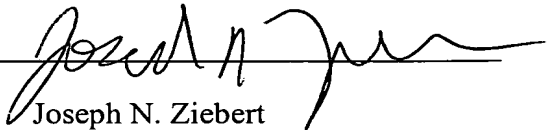
Date 12-5-03

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By 

Joseph N. Ziebert

Attorney for Applicant

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